# IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

LARRY CALDWELL,		)	
	Plaintiff,	)	
v.		)	CIVIL ACTION NO. 2:06-CV-0207-WKW
ANTHONY CLARK, et al.,		)	
	Defendants.	)	

#### AFFIDAVIT OF ANNETTE CAIN, L.P.N.

Before me, the undersigned notary public, in and for said County and State, personally appeared **Annette Cain**, **L.P.N.**, who, after first being duly sworn by me, deposes and states as follows:

- 1. My name is Annette Cain, L.P.N.. I am over the age of 19 years and have personal knowledge of the facts contained herein.
- 2. I am a licensed practical nurse. I obtained my L.P.N. degree in 1982 from McArthur State College in Opp, Alabama, and became licensed by the State of Alabama as an L.P.N. in 1982. From 1982 to 1985, I worked as an L.P.N. on the emergency room and surgery departments of Columbia General Hospital in Andalusia, Alabama. From 1985 to 1986, I worked as an L.P.N. for Dr. Joseph Herrod in Enterprise, Alabama, where my nursing care focused on behavioral malfunction. From 1986 to 1988, I was an L.P.N. at Opp nursing facility. From 1988 to 1990, I was an L.P.N. for Dr. Steven Price in Opp, Alabama, who had a private surgery practice. From 1990 to 1992, I was an L.P.N. at Oxford Home Health Care in Oxford, Alabama. From 1992 to 2005, I was an L.P.N. at Andalusia Manor Nursing Home.

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- 3. From September 2005 to the present, I have been employed as an L.P.N. for Southern Health Partners, Inc. ("SHP") at the Covington County Jail in Andalusia, Alabama. In late November 2005, I became medical team administrator.
- 4. SHP provides medical care to inmates in various jail facilities including the Covington County Jail. During the entire time of the plaintiff's incarceration in the Covington County Jail, health care services have been provided to the inmates by SHP pursuant to a contract between SHP and the Covington County Commission. Health care in the jail is provided under the direction of a medical team administrator as well as a medical director. During the period complained of by the plaintiff in this action, the medical director in the jail was Dr. Millard McWhorter and I was the medical team administrator.
- 5. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit.
- 6. As I understand the plaintiff's complaint in this case, the plaintiff alleges that Dr. McWhorter and I denied the plaintiff medical attention by not treating the plaintiff's right eye complaints.
- 7. I have reviewed SHP's medical chart concerning the plaintiff, a true and correct copy of which is attached hereto as Exhibit A.
- 8. The plaintiff, Larry Caldwell, is a white male, weighing 162 pounds, height 6'2" and date of birth October 22, 1960. He was booked November 27, 2005.
- 9. A medical screening was performed by Officer Jackson on November 28, 2005 in which no problems were identified.

- 10. On December 5, 2005, the plaintiff completed his request for medical services complaining of eye problems and a cold. He was examined by Dianne Williams, LPN, who noted he had pre-existing eye problems and did not wish to be seen by an eye doctor. On that day he was started on CTM 4 mg for a cold for seven days per Dr. McWhorter's standing order.
- Joan Harrell, RN. She noted the plaintiff's family physician was Dr. Lance Dyess, Elba, Alabama. The plaintiff complained of problems with vision, headaches, hypertension, muscle problems and joint problems. His vital signs were pulse 72, blood pressure 120/80, temperature 97.4 and respirations 18. He indicated that he did not wear glasses but had poor vision in his right eye, perhaps related to a cataract. He complained of stiff knee joints and said he had a history of hypertension, but was not on medication at this time. He also complained of a headache which he associated with the problems in the right eye.
- 12. On December 20, 2005, the plaintiff completed a medical request form and complained of headaches and knee pain. At that time he was seen by me. He advised me he had headaches in the right temporal area for three days that "come and go." The plaintiff associated the headaches with the eye problems. I noted a growth over the right cornea with the appearance of pterygium. A pterygium is a nonmalignant growth of the conjunctiva (overlying skin around the eye). The cause is unknown, but it is more frequent in people with excess outdoor exposure to sunlight and wind, such as those who work outdoors. The primary symptom of a pterygium is a painless area of elevated white tissue, with blood vessels on the inner or outer edge of the cornea. The plaintiff reported that it had been present for over a year. I also noted the plaintiff had swelling of the left knee. He stated that it had locked up on him the day before. He indicated that surgery had

been recommended a year ago by Dr. Dyess. The plaintiff was started on Tylenol for 30 days per Dr. McWhorter's standing orders for the knee pain and for the headaches.

- 13. The plaintiff completed a medical request form on December 23, 2005 and complained of an "eye problem." I examined him on December 26, 2005. His vital signs were checked and stable. He continued to complain of decreased vision in the right eye. I scheduled him to be seen by Dr. McWhorter and advised the plaintiff of this plan.
- 14. Dr. McWhorter examined the plaintiff on December 28, 2005. Dr. McWhorter noted the plaintiff's complaints of right eye problems and defects in his vision. Dr. McWhorter examined him and found no gross abnormality. He assessed him as having "alleged eye pain" but prescribed no further medication.
- 15. On January 6, 2006, the plaintiff completed a medical request form and complained of problems with headaches and knee problems. I saw him on January 12, 2006, and noted his complaints of right temporal headaches unrelieved by Tylenol. Per Dr. McWhorter's standing orders, the plaintiff was changed from Tylenol to Percogesic for 10 days.
- 16. On January 20, 2006, the plaintiff completed a medical request form for follow up on headaches and blood pressure check. Nurse Williams examined him on January 23, 2006. His vital signs were temperature 96.8, respirations 18, pulse 70 and blood pressure 118/80. His prescription for Percogesic was extended for 30 days per Dr. McWhorter's standing order.
- 17. On January 31, 2006, the plaintiff's blood pressure was checked and was 140/90. On February 1, 2006, the plaintiff was started on Maxzide for his blood pressure per standing order of Dr. McWhorter. A blood pressure record was started on January 31, 2006 per Dr. McWhorter's order to check the plaintiff's blood pressure daily for nine days and weekly and as needed thereafter.

His blood pressure was checked on February 1, 3, 4, 5, 6, 11, 18, 27, March 4, 11, 26, April 1, 8, 16, 22, 29 and May 6, 2006.

- 18. On February 11, 2006, the plaintiff was given a decongestant for seven days per standing order of Dr. McWhorter.
- 19. On February 24, 2006, the plaintiff completed a medical request form for renewal of his medications. Nurse Williams examined him on February 24, 2006 and noted he was there to renew his prescription for medication for chronic headaches. His vital signs were temperature 96.7, respirations 20, pulse 78 and blood pressure 130/88. His prescription for Percogesic was extended on that date.
- 20. On March 9, 2006, when I conducted the morning pill call, the plaintiff did not get up to receive his medication. Later during delivery of medication to other inmates the plaintiff beat on the glass window to get my attention. I advised him I would get back to him when I finished with where I was in the medication delivery routine. After I finished where I was in the routine, I went back to give the plaintiff his medications. At that time the plaintiff threw his hands up and said "just forget it" and walked away and refused his medication. Officer Coleman witnessed this episode and wrote a note which is contained in the plaintiff's chart.
- 21. On March 15, 2006, the plaintiff was granted a nine day medical pass by a Covington County Circuit Judge to seek treatment for his eye condition.
- 22. On April 3, 2006, the plaintiff related to me and Chief Deputy Walt Inabinett that he had seen Dr. Strong in Elba concerning his eye condition, and was informed by Dr. Strong that he could wait until he was discharged from jail to have surgery on his eye. The plaintiff refused to sign a medical release so that a copy of his medical records could be obtained from Dr. Strong.

- 23. On April 18, 2006, the plaintiff completed a medical request form, complaining of headaches and a rash. Nurse Williams examined him on April 19, 2006, and he was continued on his medications.
- 24. On April 24, 2006, the plaintiff was sent to Dr. Strong for a scheduled eye examination. On the transfer form Dr. Strong noted his findings of benign pterygium, amblyopia (dimness of vision) and hyperopia (farsightedness) of the right eye and presbyopia (eye weakness associated with aging) of the left eye. He prescribed bifocal glasses which were ordered and provided to the plaintiff.
- 25. On May 2, 2006, the plaintiff completed a medical request form for pain in his left shoulder for two or three days duration. He was seen by Nurse Williams on May 3, 2006. His vital signs were temperature 97.5, respirations 24, pulse 84 and blood pressure 140/82. He was given a prescription of Robaxin for seven days per Dr. McWhorter's standing order.
- 26. All of the information contained herein is based upon my personal knowledge and the plaintiff's medical chart.
- 27. All necessary care provided to the plaintiff was appropriate, timely and within the standard of care.
- 28. On no occasion was the plaintiff ever at risk of serious harm, nor was I ever indifferent to any complaint that he made.

STATE OF AL	ABAMA	)
COUNTY OF _	Coungton	)

I, the undersigned Notary Public in and for said county in said state, hereby certify that Annette Cain, whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the day of

Notary Public

My Commission Expires: Feb Z, 700%

### Exhibit A **Medical Records**



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### Physician's Orders

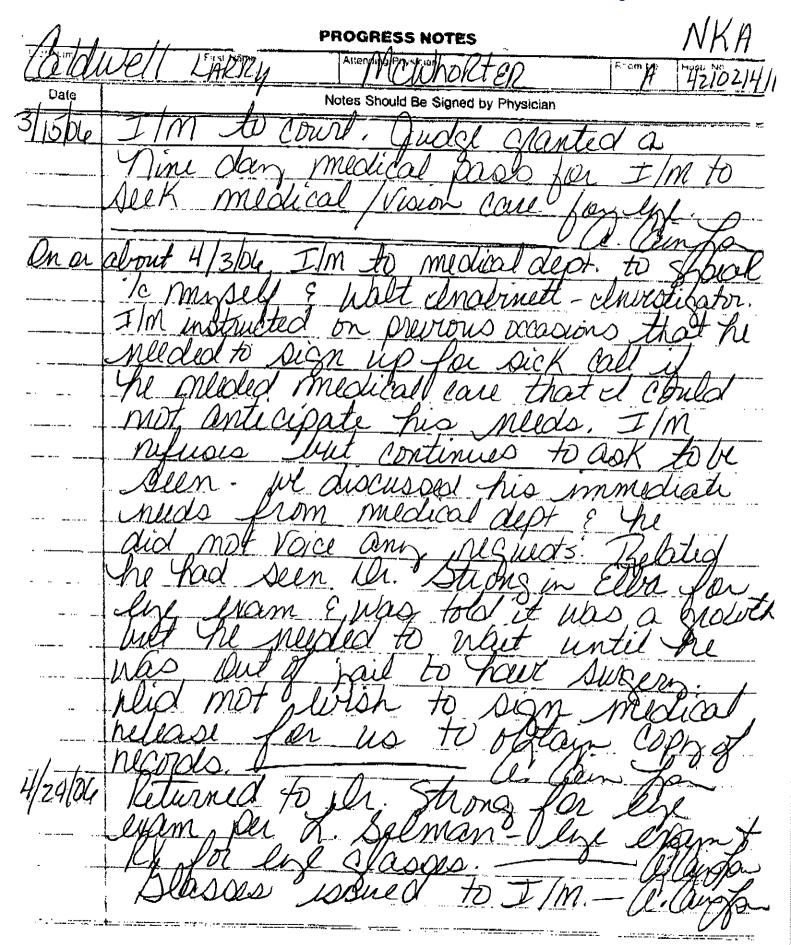
Southern Health Partner's Inc.

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### Physician's Orders

Southern Health Partner's, Inc.

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### INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 03-01-06 Pod/Location: A-BLK	
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Place original form in patient's medical record	



# INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

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Place original form in patient's medical record



### INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at Todav's Date 6 Pod/Location: Inmate's Full Name: Complaint/Problem How long have you had this problem? 1000 Hime Inmate's Signature Date TO BE COMPLETED BY MEDICAL STAFF: Note Patient's Vital Signs Instructions/Assessment. Document your findings, Inmate's/responses/actions Executed Orders – thru Treatment Protocols; via telephone order; via verbal order ☐ Follow-Up Required? If checked, date to be seen again\_\_\_\_\_ ☐ Chronic Condition inmate to be charged through medical co-pay for this visit Date Seen by Medical



### INMATE SICK CALL SLIP - MEDICAL REQUEST

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## MATE SICK CALL SLIP -- MEDICAL REQUEST

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Southern Health Partners

Corporate Office: 3712 Ringgold Rd , #364, Chattancoga, TN: 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

#### PATIENT REFERRAL INFORMATION FORM

This patient is currently invarcerated at the juil facility listed below. Patient has been referred to your ER/Pacility regarding his/her symptoms or conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the juil facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office at the # listed above. Certification, justification, and/or treatment plan of continued services must be obtained to guarantee payment of the claim. Please, note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formulary adherence. Thank you for your cooperation in this matter.

TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:
Appl Date/Time: 4/24/04 10 00 Patient's Name (Last/First): (Addwell, LARRY
DOB: 10-22-60 SS#: 421-02-14// Sex: M F Inmate Loc:
Housing Facility/Site: Coving. County Jail/#7085 Appt. Destination: DR, SHOWS
Appt. Address & Phone #: Elba, Al 897-2/42
Site Medical Contact (RNZPN): Until Cair MTH Site Physician: McWhorter
Site Medical Unit Phone #: (334) 428-2664 Site Medical Unit Fax #: (334) 428-2055
Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)
ly lyan
Service Requested: EVAL/TX
TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:
Findings: Benigh plenginn up, andhopia of presty opin
Planned Treatment: Situate Glasics
ER/Hospital Physician Orders: wear ylorse to Lefy with Hat complaint & la decree
ER/Hospital Contact (Include Phone #): No VIA Strong Notes: Notes:

Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # noted above. If inpatient hospitalization is required, medical staff MUST be notified immediately.

Authorization for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed juil/prison and under the terms of our County contract.

:
Southern Health Partners, Inc ADMISSION DATA / HISTORY AND PHYSICAL FORM
Inmate Name Caldwell Array Date Hooken 11/27 105  Alias Closed County County County  Address 1-14 Dardage Circle Cop al 3/44/7  Telephone 8016-400 Birthdate 10/22 100 Religion: Bardart  Education Completed 1245  Special Education
Previous Incarcerations. (Facility/Date) County 2004 County 20
MEDICAL HISTORY
Notify in Emergency University Caldwell mother
Address (27) Yutram Atret Eura al 36333 Phone Health Insurance: N/A (500)
(Type obnationos)
Past Hospitalizations (include surgeries) NA
Head Injury with Loss of Consciousness: No Last Tetanus 2003 (Copie) (Zep)  Allergies NKDA  Current Medication(s):
MENTAL HEALTH EVALUATION
Hospitalization for Mental Health Reasons YES (VES) If Yes, Why

	1414014144	- 1 11 244 6774	1 1 3 1 1	WEOWI	OM	
Hospitalization for Mental Health I	Reasons	YES	WG)	) If Yes, W	/hy	
Where	The same of the sa				When	
Psychotropic Meds (Specify type	Street Audinus) and last dose)	(CM)/3	(State)	(Z <b>p</b> .)	• • • • • • • • • • • • • • • • • • •	(laster)
Prior Counseling/Out-Petiont Tres	stment for:				<i></i>	**************************************
Where					When	
Have you ever attempted suicide:	Mow.	(CAY)	(190to)	(24)	When	(l'agré;
Have you recently considered con	nmitting suicid	es V	a			76 Jacket L
Do people consider you a violent					**************************************	the control of the co
Have you ever been arrested for a	a violent crimo	sexuel (	offense?	(Specify)	No	The second section is a second
Street drugs. Vo	(Haw Often		(How Long	Smake	r Yeigh	Eton OCC (Charte
Inmate's Signature Jun Car	blues					Date.
Interviewer's Signature 100m	- Nax	Rie !	RN.		e her te	Date 1-/18/05
Witness. (If physical is refused.		<b>)</b>		<b></b> ,		Date

### MEDICAL HISTORY & /SICAL ASSESSMENT

Problems	Yes	No	Problems	Yes	No	Problems	Yos	No
/ision			Hyportension	1		Gonorrhea	108	NO
learing		<b>V</b>	Anemia	- F	7	Syphilis		1
Balance/Dizziness		<u> </u>	Blood	1				
Blackouts	·		Stomach Pain	1	Y	Muscle Problem		
OT's	1	1	Heartburn	·		Joint Problem	1	<u> </u>
deadaches	1.	<del></del>	Ulcer	<del>                                     </del>		Arthritis		
Selzures	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<u> </u>		Other		
Nervous Disorder	<del></del>	<del></del>	Nausea/Vomiting	<u> </u>		Other		
Throat		1	Gall Bladder			Regular Mansimusi Hersed		
	ļ		Liver		1/	Fregular Merretruel Period		+
Teeth		1	Hepatitis			If all days Manetrum Period	<del></del>	+
Asthma			Diabetes		1	LMP	<del>!</del>	
Hay Fever	<u> </u>	1	Kidney Disease	<b>1</b>		Gravida/Para	┾──	<del></del>
Pneumonia			Bladder infection	<del>                                     </del>		Last Pap	<del></del>	
Tuberculosis		V	Trouble Voiding	<del></del>	1	Contraception	<del> </del>	
Heart			Pediculi (lice)	<del>-</del>	<del> </del>	Other	<del> </del>	

**EXAM:** 

Age 45 Sex 20 Race 1) Ht. 6-2 Wt. 181.5

Area/Type	N	Pulse 72 BP 20/80 AlComment	Temp.97.4 Res	N	A/Comment
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Head. Glassos Pupils Sciens Conjunctiva Vision		did wear glaner- Cataract (R)ey-poor rison (K) eye	Heart: Auscultation Radial pulses Apical pulse Rhythm		Motimal Whather was on much to e this time
Ears: Appearance Canals Hearing Mouth: Teeth/Gums			Extremities: Pulses Edema Joints		No edema - O pedal pur Knie sainte - ortiss
Dentures Plates Throat Tongue Tonsils		Dre Cavity A Minney modern Decion	Abdomen: Shape Palpation Hernin Bowel Sounds		no Ho Merria BSX4 gradrate
Nose Neck: Veins	7		Spine		<b>D</b>
Mobility Thyroid Carotids			Genital/Urlnary System	~	NO HIO UTIS
Lympb nodes					Headacher forehead one

LABORATORY TESTS

		Date & Initial	Rosuits
	Was PPD planted and read timely?	19/18/01 OH	
	VDRL/RPR	NIA	
	Othor Lab Tests needed:		
Į	Pregnancy Test?	- rg /va	

	N	A/Comment
Orientation (person, place, time)		oriented x 3
General appearance (motor behavior, mannerisms Affect (mood)	V	Ø degrusson on
Content of thought, history of suicide, present thoughts of suicide		no Ho amade or though

Physical Examiner's Signature.

Physician's Signature:

Date 12/18/05

TB Consent Form

### Tubercu: sis Screening and Trautment

#### What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with librous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever, Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Atthough TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless:
- IV drug users

 Alcoholics: . The elderly:

 Prison inmates Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

#### Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest xray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jall will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer intectious,

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jall during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Confidential Medical Information

Covington County Sheriff	٨	/IEDICAL SCREENIN	IG FC	)Rivi	Booking Number 200009322	
Printed: Mon Nov 28,2005	ARRY	"CLOROX" CALDWELI	<b>.</b> (\$42	1021411)	Booking Date NOVEMBER 27th	2006
		ADMISSION OBSERVAT	TONS		NOVEMBER 2741	, 2005
Is inmate conscious?	ØN	Is inmate capable of responding?	ØN	Can inmate	walk on own?	<b>⊗</b> N
Any difficulty breathing?	Y (Q)	Is inmate hostile/aggressive?	y <b>(0</b>	Any visible	signs of trauma,	<u> </u>
Did arrest result in injury?	y (N)	Any fever, swollen lymph	Y (N)	ls skin in go	ounds or illness? od condition and	Ø N
Is inmate under obvious	Y (N)	nodes, or jeundice? Is inmate under obvious	Y (N)	free of verm	signs of alcohol	YN
influence of alcohol?  Does inmate suggest risk	<b>∀ ®</b>	influence of drugs?  Do you consider inmate an		or drug with	drawai symptons?	
of suicide? Observations		escape risk?	Y (V)		****	
		INMATE QUESTIONNA	A partie of			
	4-6	PHAVE ANY OF THE FOLLOW	NG ILLN	lesses or c	ONDITIONS?	
Hepatitis	Y <b>(0)</b>	Heart Disease	Y (N)	Mental/Emot	tional Upset	<b>∀ (0</b> )
Tuberculosis	Y <b>(Q</b> )	Hypertension	Y <b>(0)</b>	Attempted S	Julcide	Y <b>(0</b> )
Sexually Transmitted Disease	¥ Ø	Epilepsy/Convulsions	<b>∀ Ø</b>	Asthma/Emp	hyseme	<b>∀ (0</b>
Ulcers	<b>∀ Ø</b>	Hemophiliac (bleeder)	Y <b>(0</b> )	Cancer		Y (N)
Kidney Trouble	<b>∀ (0</b> )	Aids/Exposed to Aids	Y 🔞	Diabetes		Y <b>(N</b> )
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Recent Head Injury	Y 🔞	Coughed/Passed Blood	Y 🔞	Recent Hosp	ital Patient	Y (0)
Recent Treatment	Y (N)	Use Needles	Y <b>(0</b> )	False Limbs/	Teeth	Y (N)
Contagious Disease  Doctors Name and Address	Y <b>(N</b> )	Pregnant/Recent Delivery	Y <b>(</b>			
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Health Insurance						
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Prescriptions/Medications					90° <b>*</b>	
Drug Allergies						
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I have read the above carefully	y and ha	ve answered all questions corre	ectly to 1	the best of my	y knowladge.	
Inmate's Signature	<del></del>		Date:		Time:	
Officers's SignatureCJ010	JACKS	ON, DON	)ate:	·····	Time:	

### MEDICATION ADMINISTRATION RECORD

REPORT DATE : 05/06

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